

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-14 359 529

SL 27445

797-62-003611

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. CITY OR TOWN <u>Eldorado</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>1605 Reed St.</u>	
3. NAME OF DECEASED (Type or print) First <u>IVAN</u> Middle <u>M.</u> Last <u>COKER</u>		4. DATE OF DEATH Month <u>January</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/4/98</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Mc Leansboro, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>CECIL COKEN</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA M. BARNETT</u>	
14. NAME OF HUSBAND OR WIFE <u>MINNIE COKER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WW-2</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Minnie Coker (Wife), Same add. as 2.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEART FAILURE</u> <u>POST THORACOTOMY - MIDDLE LOWER LOBE LOBECTOMY</u> DUE TO (b) <u>CARCINOMA OF THE LUNG, RIGHT</u> DUE TO (c) <u>163x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VA</u>		20f. CITY, TOWN, OR LOCATION <u>VAH, ST. LOUIS, MO.</u>	
20g. COUNTY <u> </u>		20h. STATE <u> </u>	
21. I attended the deceased from <u>1/4/62</u> to <u>1/17/62</u> and last saw him alive on <u>1/17/62</u> Death occurred at <u>6:00 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Stewart E. Purcell</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	
22c. DATE SIGNED <u>1/17/62</u>		22d. DATE SIGNED <u> </u>	
23a. BIRTHPLACE (City, town, or county) <u>Mc Leansboro</u>		23b. LOCATION (City, town, or county) <u>Illinois</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		23d. LOCATION (City, town, or county) <u> </u>	
23e. DATE <u>1-18-62</u>		23f. DATE <u> </u>	
24. FUNERAL DIRECTOR <u>MARTIN</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 18 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		26. REGISTRAR'S SIGNATURE <u> </u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frank Prokop

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.